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Bib Data Sheet

CONFIRMATION NO. 7456

SERIAL NUMBER 10/666,408	FILING DATE 09/18/2003  RULE	CLASS 435	GROUP ART UNIT 1656	ATTORNEY DOCKET NO. 17455CIP1 (BOT)
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## APPLICANTS

Martin A. Voet, San Juan Capistrano, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/954,610 09/17/2001 PAT 6,623,742 CMK

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

CMK

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/10/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged  Examiner's Signature	Initials CMK	CA	4	14	3

## ADDRESS

STEPHEN DONOVAN  
 ALLERGAN, INC.  
 T2-7H  
 2525 Dupont Drive  
 Irvine , CA  
 92612

## TITLE

Botulinum toxin therapy for fibromyalgia

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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